



Plumbers/Contractors/Sub-Contractors

Company Name: _____

Mailing Address: _____

Phone #: _____ City: _____ Zip Code: _____

License Type: _____

License #: _____

Lateral Camera Equipment: ☐ Yes ☐ No

☐ Black & White ☐ Color

Video Recording Capability: ☐ Yes ☐ No

Footage Recording Capability: ☐ Yes ☐ No

Have High Pressure Jetter: ☐ Yes ☐ No

Meeting Attended: (Check one)

____ Wednesday, January 11, 2017 (8:30 AM – El Estero Conference Room)

____ Reviewed Online Powerpoint Course

Note: By signing below, you are acknowledging and agreeing to follow the guidelines set forth in the meeting held on the date above and the Powerpoint provided online. Please hand deliver or submit via email to <mailto:mbarrios@santabarbaraca.gov>.

Employees Signature covered under this form:

Print:

Signature:
